Alabama Board of Massage Therapy

610 S. McDonough Street
Montgomery, Alabama 36104
(334) 269-9990
Fax (334) 263-6115
E-mail: ALMTBD@aol.com

Alabama Massage School License Renewal

In order to renew your license as an approved massage therapy school, please submit the following:

- A completed renewal form.
- A copy of the curriculum schedule (for each certification) to include a week by week description of topics to be covered for the entire training period of the program, **if any part of the original curriculum has been altered.**
- List of instructors with instructor license number and State massage license number.
- Renewal fee of $10.00 **certified check or money order.**
- Transcript showing hourly breakdown.

Please type or print legibly:

Check appropriate ownership:

_____ Individual   _____ Foundation   _____ Corporate
_____ Partnership   _____ Franchise   _____ Other

Owners Name:

_____

Mailing Address: _____   Physical Address: _____
                 Address   (if different)   Address
          _____   _____
          City, State/Zip   City, State/Zip

          _____   _____
          Telephone   Telephone

Official Name of Institution:

_____

Mailing Address: _____   Physical Address: _____
                 Address   (if different)   Address
          _____   _____
          City, State/Zip   City, State/Zip

          _____   _____
          Telephone   Fax Number

          _____   E-mail or web-site address

Administration

Chief Administrative Officer of Institute

Name: _____

Title: _____

Address: _____

City, State/Zip: _____

Telephone: _____

Chief Academic Officer of Institute

Name: _____

Title: _____

Address: _____

City, State/Zip: _____

Telephone: _____

List all additional administrative officers and a way to contact them.

Name	**Telephone**
_____	_____
_____	_____
_____	_____

Has your institution had any civil or government initiated investigations, complaints or legal action during the past 24 months? Give dates, charges, and final disposition (attach sheets as necessary).

_____

_____

_____

What other legal action has occurred during the past 24 months of a material nature regarding your massage therapy education or status: Any legal action pending give full description. (Attach sheets as necessary).

_____

_____

_____

I hereby attest that the information contained herein is true to the best of my knowledge and belief.

_____

Signature (School Administrator or any School officer)   Date

Subscribed and sworn to before me
This_____day of_____

_____

Notary Seal-Signature of Notary Public   My Commission Expires